

## **ADRC Sustainability Program Expansion Supplemental Opportunity**

Options Counseling, a service of the Aging and Disability Resource Consortia (ADRCs), was launched in Massachusetts in 2008 in order to assist individuals in need of long term services and supports to make informed choices about setting, services and financial resources that best meet their needs. There are over 90 full-time and part-time Options Counselors in Massachusetts reaching over 3,100 consumers per year through eleven ADRCs. Massachusetts ADRCs are partnerships between Aging Service Access Points/Area Agencies on Aging (ASAPs/AAAs), which serve adults age 60 and over, and Independent Living Centers (ILCs), which serve adults with disabilities. Statewide leadership is provided by the Massachusetts Executive Office of Elder Affairs (EOEA) and the Massachusetts Rehabilitation Commission (MRC). ADRCs utilize a “no wrong door” approach, in which member agencies retain their own locations, policies, philosophies and identities, but consumers are provided with seamless access to information and referral surrounding long term services and supports no matter which agency they contact first. EOEA and MRC are seeking an ADRC Sustainability Program Expansion Grant from the U.S. Administration for Community Living in order to strengthen the ADRC Options Counseling program.

**Objective 1.** *Broaden the scope of consumers accessing services through the ADRCs’ “no wrong door” approach by better serving veterans and people with developmental disabilities and mental health issues.*

**Objective 2.** *Improve the financial sustainability of ADRCs by developing strategies to strengthen the relationship between the ADRCs, the VA and the Massachusetts Office of Medicaid (MassHealth).*

*Objective 1. Approach.* The gaps in populations now covered by the ADRCs include consumers with mental health issues, consumers with developmental disabilities and veterans. In 2010, Massachusetts received an Affordable Care Act ADRC Options Counseling grant to train Options Counselors to serve people with mental health issues. The curriculum drew from findings of five focus groups consisting of Options Counselors, consumers, ILC leadership, and subject matter experts in mental health, and will provide Options Counselors with new knowledge and skills for serving people with mental health Issues. Options Counselors will complete this training by September 2011, and outreach activities will be increased to this population to inform and educate them about the availability of Options Counseling.

An ADRC Coordinator will be hired to work closely with EOEA and MRC leadership, and reach out to the Massachusetts Departments of Developmental Services (*DDS*), Mental Health (*DMH*), Veterans' Services (*DVS*), and other non-state agencies in order to develop strategies to strengthen cross referrals, cultural competency and knowledge of available services among ADRCs and regional agencies. Additionally, Massachusetts will enlist a marketing and outreach consultant to work with state leadership to conduct a review of ADRC communication strategies in order to identify and replicate the most effective ways to educate providers and consumers about ADRCs and Options Counseling. The review will include focus groups and targeted interviews with providers and consumers of DDS, DMH and DVS services to identify effective strategies to engage these populations. Lessons learned from this work will be shared and discussed with ADRC regional leadership at quarterly meetings in order to develop and improve marketing, communication and outreach strategies to the targeted populations. State ADRC leadership will draw from discussions and lessons learned to develop an outreach plan, including the development of materials for target populations.

Additionally, ADRCs will work with DVS to promote Options Counseling through its network of Veterans' Services Officers, which advise veterans on their benefits and rights. This outreach will be critical in referring veterans with incomes too high to qualify for coverage of home based services under Medicaid, but who may qualify for services through the U. S. Veterans Health Administration (*VA*).

*Objective 2. Sustainability.* Through a provider agreement with two VA hospitals under the federal Veteran's Directed Home and Community Based Services (*VDHCB*S) program, Massachusetts provides community based services to 36 VA consumers with the potential to serve as many as 200 veterans in the coming year. However, VA staff have expressed concern that they cannot monitor services delivered through ADRC partner agencies. Additionally, this potential increase in revenue to partner agencies is impeded by incompatible billing protocols which have delayed payments between the VA and EOEA, and many VA staff are hesitant to make further referrals until this issue is resolved.

Massachusetts will oversee a redesign of the interface between ADRC partner agencies and the VA in order to improve reimbursement and increase referrals for veterans to Options Counseling and long

term services and supports. Harmony Information Systems, the software vendor that designed and maintains EOE's consumer database, will develop a modification of a current portal, which will enable VA staff, with consumer consent, to securely monitor services through the ADRCs to ensure that consumers are receiving the intended care with the intended level of quality. Additionally, Harmony will modify the interface between EOE's accounts receivable and the VA's accounts payable departments to ensure prompt payment and thereby encourage referrals. Interface between EOE and ILC consumer databases will ensure that younger veterans with disabilities may also receive referrals from the VA. The new portal and billing protocols will be operational by the end of the second quarter of the grant.

It will also be critical for Massachusetts state legislature to continue to allocate funding for MassHealth to provide Options Counseling at or above its current level of \$2.5 million in order to meet increased demand created by outreach activity undertaken under Objective 1. EOE is finalizing details and will have a signed agreement with MassHealth by the end of the second grant quarter to have ADRCs serve as a "no wrong door" conduit for services as part of a Money Follows the Person grant from the Centers for Medicare and Medicaid Services (CMS). CMS now mandates that all long term care facilities ask residents if they would like to talk with someone about the possibility of returning to the community. ADRCs will serve as Local Contact Agencies for these referrals, connecting consumers to the ASAPs/AAAs and ILCs for services and supports, and referring those who do not qualify for Medicaid to Options Counseling to discuss private and third-party payer options for long term services and supports.

EOE and MRC will further strengthen the ADRCs' relationship with MassHealth by conducting a review of evaluation protocols and annual reports to the state legislature on Options Counseling, which document the effectiveness of Options Counseling in helping divert people from nursing facilities. State ADRC leadership will review report data during the second and third grant quarters in order to identify opportunities to better evaluate the success of Options Counseling in facilitating nursing facility diversions, and to communicate that success to policy makers and legislators in order to sustain funding of MassHealth for the program. The revised legislative report will be available in June 2013.